

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 124
Registered No. 65

1. PLACE OF BIRTH

County Yuma State _____
District or Township _____ or Village _____
City Wenden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Doris Pearl Bunchick
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes
7. Date of birth Nov 4 1926
Month Day Year

8. FATHER
Full name Robert L Bunchick

9. Residence (Usual place of abode) Wenden, Ariz
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Williams Port
(State or country) Louisiana

13. Occupation Fireman
Nature of Industry Steam Power Plant

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Arla May Harrell

15. Residence (Usual place of abode) Wenden
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Saint Landry
(State or country) Louisiana

19. Occupation Housewife
Nature of Industry _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles R. Spence M.D.
(Born alive or stillborn) _____

Given name added from a supplemental report _____

Address Wenden, Arizona
(Physician or midwife.)

Filed Nov 6 1926 Registrar W.B. Wood

Registrar

4122-1104-183

N. B.—In case of more than one child at a birth, the order of birth stated.